

# CITY OF PINELLAS PARK APPLICATION FOR POSSESSION AND CONSUMPTION OF ALCOHOLIC BEVERAGES IN PUBLIC PLACES AND/OR BLOCK PARTY

## **POSSESSION AND CONSUMPTION OF ALCOHOLIC BEVERAGES IN PUBLIC PLACES**

Please complete the application package at least 14 days prior to the scheduled event and submit to the Zoning Division located at the Technical Services Building, 6051 78<sup>th</sup> Avenue. The Zoning Division will assist you in preparing the application for review by any other City Divisions whose review may be deemed necessary to maintain the safety and reasonable peace and comfort of surrounding owners. Upon review and approval by these Divisions, the application shall constitute a permit to hold the specified event. Please note, this does not constitute approval by the State Division of Alcohol and Tobacco for any licenses required by them. The licensing division for that agency may be reached at (813) 272-2610 and located at 1313 North Tampa Street, Suite 909, Tampa, FL 33602.

## **BLOCK PARTY AND/OR POSSESSION AND CONSUMPTION OF ALCOHOLIC BEVERAGES IN PUBLIC PLACES**

This procedure allows the closure of public rights-of-way for block parties or other similar events. Please complete the application package and submit it to the Zoning Division located at the Technical Services Building, 6051 78<sup>th</sup> Avenue. The Zoning Division will assist you in processing said application for review by other City Divisions whose review may be deemed necessary to maintain the safety and reasonable peace and comfort of surrounding property owners. After review by applicable City Divisions, the application shall be reviewed by the City Manager and/or his designee for approval. All paperwork must be submitted at least 14 days prior to the scheduled event to allow time for the necessary reviews and City Manager's approval.

In considering the proposed event, the following factors shall be considered: number and age of persons likely to be in attendance; likelihood of injury; ability to provide Police and Fire protection; ability to provide medical services; ability to implement effective crowd control measures; availability of sanitary facilities; proximity of location to churches, temples and similar religious institutions, educational institutions, hospitals, youth or public recreation centers or areas, playgrounds, child care centers, and residential areas; likelihood of accumulation of litter and/or debris; and traffic control and parking.



# COMPLETE THIS PAGE ONLY IF ALCOHOLIC BEVERAGES WILL BE SERVED

Please indicate the nearest church, school, hospital, public recreation center, playground, and child care center to the event location. For each use, state the name, address, distance (in feet) to the location. If the use is located more than 500 feet from the scheduled event, please not N/A on the appropriate line.

Church or other religious institution: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

Hospital: \_\_\_\_\_

Public Recreation Center: \_\_\_\_\_

Playground: \_\_\_\_\_

Child Care Center: \_\_\_\_\_

Closest residences the north, south, east and west of the event location. State the name of property owner, address and distance (in feet) to the event location.

North residence(s): \_\_\_\_\_

\_\_\_\_\_

South residence(s): \_\_\_\_\_

\_\_\_\_\_

East residence(s): \_\_\_\_\_

\_\_\_\_\_

West residence(s): \_\_\_\_\_

\_\_\_\_\_

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The applicant(s) agree that this permit is issued conditional upon the right of the Pinellas Park Police Department, in its sole discretion, to revoke the permit and close down the event at any time the event unreasonably disturbs the peace and comfort of surrounding property owners.

The applicant(s) shall be responsible for removing all trash and debris resulting from the event. Applicant(s) shall provide one trash receptacle (minimum 30 gallon) for every ten (10) persons in attendance at the event.

The applicant(s) agree(s) and acknowledge(s) that the issuance of this permit shall not exempt the applicant(s) from obtaining any other permits or licenses as may be required by applicable law. Applicant(s) further agree(s) and acknowledge(s) that all applicable laws will be followed with respect to the event.

The applicant(s) agree(s), for a specific consideration, the receipt and sufficiency of which is hereby acknowledged, to indemnify and hold harmless and/or defend the City of Pinellas Park, its agents and employees, from any and all claims, demands, suits, and actions, including attorney's fees and all costs and expenses of litigation and judgments of every kind brought against the City of Pinellas Park, or its agents or employees, as a result of loss, damage, or injury to any person(s) or property whether occasioned wholly or in part, arising out of, or resulting from the above described event or any persons in attendance at said event, whether invitees or not.

APPLICANT'S SIGNATURE:

\_\_\_\_\_

PRINT NAME:

\_\_\_\_\_

DATE: \_\_\_\_\_

State of Florida	The foregoing instrument was acknowledged before me this _____ <i>( Date )</i>
County of Pinellas	By _____, <i>(Name of person acknowledging and title of position)</i>
	who is personally known to me or who has produced _____ <i>(Type of identification)</i>
	as identification and who did (did not) take an oath.
	_____ Notary Public, Commission No.
	_____ Name of Notary typed, printed or stamped)
(SEAL ABOVE)	

**ADDITIONAL SIGNATURES**

APPLICANT'S SIGNATURE:

\_\_\_\_\_

PRINT NAME:

\_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE:

\_\_\_\_\_

PRINT NAME:

\_\_\_\_\_

DATE: \_\_\_\_\_

State of Florida  County of Pinellas	The foregoing instrument was acknowledged before me this _____ <span style="float: right;">( Date )</span>  By _____, <span style="display: block; text-align: center;"><i>(Name of person acknowledging and title of position)</i></span>  who is personally known to me or who has produced  _____ <span style="display: block; text-align: center;"><i>(Type of identification)</i></span>  as identification and who did (did not) take an oath.  _____ Notary Public, Commission No.  _____ Name of Notary typed, printed or stamped)
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(SEAL ABOVE)

State of Florida  County of Pinellas	The foregoing instrument was acknowledged before me this _____ <span style="float: right;">( Date )</span>  By _____, <span style="display: block; text-align: center;"><i>(Name of person acknowledging and title of position)</i></span>  who is personally known to me or who has produced  _____ <span style="display: block; text-align: center;"><i>(Type of identification)</i></span>  as identification and who did (did not) take an oath.  _____ Notary Public, Commission No.  _____ Name of Notary typed, printed or stamped)
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(SEAL ABOVE)

## BLOCK PARTY – ABUTTING PROPERTY OWNERS APPROVAL

This page shall be completed only if the event will block public roads, an alley, or sidewalks.

Street or alley to be closed: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

NAME	ADDRESS	PHONE	SIGNATURE

The undersigned certifies that the above list constitutes all of the addresses and property owners on the \_\_\_\_\_ (block number) of \_\_\_\_\_ of \_\_\_\_\_ (Street, Avenue, etc.) .

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

# FOR OFFICIAL USE ONLY

## CONSUMPTION OF ALCOHOL AND EVENT:

\_\_\_\_\_ Date: \_\_\_\_\_  
Zoning Director

Comments/Conditions: \_\_\_\_\_



\_\_\_\_\_ Date: \_\_\_\_\_  
Police Chief

Comments/Conditions: \_\_\_\_\_



\_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Fire Chief

Comments/Conditions: \_\_\_\_\_



\_\_\_\_\_ Date: \_\_\_\_\_  
Traffic Director

Comments/Conditions: \_\_\_\_\_



\_\_\_\_\_ Date: \_\_\_\_\_  
Building Director

Comments/Conditions: \_\_\_\_\_



\_\_\_\_\_ Date: \_\_\_\_\_  
Neighborhood Services

Comments/Conditions: \_\_\_\_\_

